OFFICE OF THE GOVERNOR STATE OF MONTANA

EXHIBIT NO. 5

DATE 2-3-15

BILL NO. HB 95

STEVE BULLOCK GOVERNOR



Angela McLean
Lt. Governor

APPLICATION FOR GUBERNATORIAL APPOINTMENT

This is only an application. Appointments are only effective upon notification from the Governor's Office and upon receipt of appointment letter. All applications must be complete (both sides), in order to be considered.

ALL ITEMS ON THIS PAGE REQUIRED

Title Preference:	N/A / Mr. / Mrs. / Ms. Name:	
Full Legal Name	(if different than above):	
Residence or Bu	siness Physical Address:	
City:	County:	State: <u>MONTANA</u> Zip:
Mailing Address: *If differen	t than physical address above	
City:	County:	State: <u>MONTANA</u> Zip:
Preferred Contact Number:Type: <u>Business / Mobile / Home / Assistant / Contact Number</u>		
Other Contact N	fumbers:	
Email Address:		
	Business	Address / Mailing Address / Mobile Phone / Home Phone / Phone / Other Phone / Email il OR address for you online, we will also share your city of residence.
*Application		ng in which you may be qualified to serve.
Boards, Councils	s and Commissions Applying For:	

Application for Reappointment? <u>YES / NO</u>

*Are you currently serving on this board?

ADDITIONAL QUALIFICATIONS, DEMOGRAPHICS INFORMATION (optional):

*All items in this section are optional, <u>unless</u> required by a boards' authority for appointment. Every board, council commission or appointment has a different set of qualification requirements. The Governor is also required to maintain geographic, gender, race and other diversity in all appointments. To find out more about the qualification requirements to serve on a specific board, please visit www.boards.mt.gov and review the appointment authority. If needed, the Governor's Office may request this or additional information in order for the Governor to review the appointment. If there are any questions or concerns, please do not hesitate to contact the Governor's Office.

Gender: <u>remaie / Maie</u> Age:	At time of application		
Race (primary affiliation): <u>Caucasian / American Indian / Asian / African American / Hispanic / Other</u>			
Tribal Affiliation:	_ Enrolled: <u>YES / NO</u>		
Are you an active member of the Armed Forces or a Veteran? <u>YES / NO</u>			
Personal Political Affiliation: <u>DEMOCRAT / INDEPENDENT / REPUBLICAN / OTHER</u>			
Length of Residence in Montana (if less than 10 years):			
License(s) Currently Held: *Please include number of years Licensed/practicing			
ADDITIONAL DOCUMENTS REQUIRED: Resume, CV, or Biography: Include work, education and com *Please keep to 1-2 pages, a short written biographical summary v Cover Letter: Must include a statement as to why you'd like to (optional) References and Recommendations: References or letters of reco	vill suffice. be appointed. (Addressed to Governor Bullock) ommendation are welcomed, but not required.		
WAIVERS REQUIRED: ☐ I understand that my application and all affiliated documents we public, and media, including that I am an applicant and for who ☐ I understand that background checks may be required prior to ☐ I agree that if appointed, I will abide by all state laws and rules. ☐ I verify that all information in this application is accurate to the	ich boards. appointment.		
Have you ever been convicted or charged with a crime? Will anyone appointment, to the best of your knowledge? *Answering yes does not dis			
SIGNATURE:	DATE:		

SUBMIT APPLICATION WITH ADDITIONAL DOCUMENTS TO

Stacey Otterstrom, Boards and Appointments Advisor, Governor Steve Bullock's Office Choose one option. Originals are not required.

By Email: <u>boards@mt.gov</u> By Mail: PO Box 200801, Helena, MT 59620 By Fax: (406) 444-5529 By Hand Delivery: State Capitol, Governor's Office, 2nd Floor

Questions, Comments or Concerns? Call Stacey at (406) 444-4405